



Health for All Now!  
People's Health Movement



## Sheet 2: commercial abuses

# Health before profit ... ... Let's change Europe !

**We want a Europe that protects people and staff from commercial abuses**

**For our health, to protect the population and the workforce from commercial abuses,**

because health and social protection are common goods, not for sale!

### Commercial abuses

The reduction or freezing of public spending on health (and social care) has an impact on salaries, benefits, and investment levels (infrastructure, equipment, etc.).

And when the public sector withdraws, the private for-profit sector develops, opening the door to two-tier system.

This is when the commercial excesses start to appear:

- **subcontracting**, which mainly concerns auxiliary services (e.g. cleaning, security, IT, catering, etc.) but also all medical and technical services (labs, X-rays, ....)
- **privatisation** which may be formal (change of legal form) or informal (mergers, cross-shareholdings, privatisation of a public service or a public company, public-private partnership, etc.)
- **an increase in standard fees** with the beneficiary's personal share rising for care, medication, hospitalisation, etc., allowing private insurance to develop.
- **privatisation** of buildings, facilities, equipment, ....
- the use of **mechanisms to increase users' choice** of service provider and/or quality of service. These include "service vouchers" (for personal care and home services, of the "service voucher" type in Belgium), personal budgets (particularly in the field of care for people with disabilities or loss of autonomy), and the introduction of special bonuses for better quality service and faster access.



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- **new management** i.e. the use of private sector management methods such as selecting the cheapest offer at the expense of quality, introducing performance indicators and quality ratios, benchmarking, etc ...
- **Social dumping** is increasing as a result of competition between care institutions. The regulatory framework is crumbling, and staff are becoming an adjustment variable, both in terms of numbers and cost, given the share they represent in the budget.

### Who benefits from commercialisation?

Healthcare expenditure is higher in a commercial system such as in the United States - where 16.6% of GDP is spent on care - than in a system that is still largely public and/or non-commercial, such as in France (11.9% of GDP), Belgium (10.9% of GDP), Spain (10.5% of GDP), Italy (9% of GDP) or Ireland (6.1% of GDP)<sup>1</sup>.

In the United States, people's health budgets are enormous, yet their 'performance' (in terms of life expectancy, morbidity, etc.) is similar to that of a developing country.

The private sector's stranglehold on whole areas of healthcare provision undermines the integration of public health policies. It is becoming impossible to take account of health determinants, since immediate profitability and return on investment are required.

Public operators have borne the full brunt of the Covid crisis and have emerged weakened, while private operators have largely been preserved.

The European Union's trade and investment treaties with other countries around the world force the liberalisation of services. These treaties make it possible both to guarantee commercial investment in the commercial segments of health services and to protect the monopolies.

The financialisation of the health system in Europe has led to the concentration of private European trusts operating throughout the world. This in turn creates pressure to deprive people of their health in the global south.

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<sup>1</sup> [Source : statistiques de 2022 de l'OCDE sur la santé, publiée en 2023](#)



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## Our priorities:

- Review **the directives on services and public procurement**, applying strict rules on quality and accessibility while excluding commercial operators from all sectors essential to health and well-being.
- Demand **social, working conditions and environmental clauses** that respect the social determinants of health in all free trade agreements.
- **Safeguard social protection from the desires of private for-profit insurers.** Health systems must be financed exclusively by public social protection.
- Allow public operators **to maintain all logistical services in the non-market sphere**, as well as products, services and equipment essential to quality health services (medicines, research, medical equipment, prostheses, etc).